

☐ High School

☐ College

**TRANSMITTAL SUMMARY
DEPUTY REGISTRAR
EDUCATORS**

FROM: NAME: _____

SCHOOL: _____

ADDRESS: _____
Street City Zip

OFFICE TELEPHONE NUMBER MOBILE TELEPHONE NUMBER

EMAIL ADDRESS

DATE OF VOTER REGISTRATION	START AND END TIME OF VOTER REGISTRATION		NUMBER OF COMPLETED VOTER REGISTRATION APPLICATIONS
	START	END	

V.1 2010

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